

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2489 - 63-008695  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. \_\_\_\_\_

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED MAR 14 1963

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|---------------------|--------------|
| VS 300<br>Rev. 4/59 | DATE AMENDED |
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| 4 0                 |              |
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| 12 5-0              |              |
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| 65                  |              |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

|   |   |  |                                      |
|---|---|--|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>                         |                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>ST. LOUIS</u>   |   | c. CITY OR TOWN <u>Normandy</u>  |                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Lutheran Hosp</u>   |   | d. STREET ADDRESS (If outside, give location)<br><u>7356 Overbrook</u>   |                                      |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>John H. Guebert</u>  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>3-3-1963</u>  |                                      |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>4-18-1881</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>A.G. Brauer Sup Co</u>   |                                      |
| 11. BIRTHPLACE (City and state or country)<br><u>Red Bud Ill</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |                                      |
| 13a. FATHER'S NAME<br><u>William</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Engel Nagel</u>  |                                      |
| 14. NAME OF HUSBAND OR WIFE<br><u>Addie</u>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                                      |
| 16. SOCIAL SECURITY NO.<br><u>[REDACTED]</u>  |   | 17. INFORMANT<br><u>Kenneth Guebert</u> Address <u>7356 Overbrook</u>  |                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u><br>Conditions, if any, which gave rise to above cause (e), stating the underlying cause last: <u>Cerebral Arteriosclerosis</u><br>DUE TO (b) <u>332x</u><br>DUE TO (c) <u>10 yrs</u> |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>24 hrs</u>  |                                      |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Bilateral Bronchopneumonia</u>  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                      |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                                      |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |                                      |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |  |                                      |
| 21. I attended the deceased from <u>7-5-62</u> to <u>3-3-63</u> and last saw her/him alive on <u>3-2-63</u><br>Death occurred at <u>1 00 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |                                      |
| 22a. SIGNATURE (Degree or title)<br><u>Frede Mortensen MD</u>   |   | 22b. ADDRESS<br><u>3701 Grandel St</u>   |                                      |
| 22c. DATE SIGNED<br><u>3/4/63</u>   |   | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  |                                      |
| 23b. DATE<br><u>3-6-63</u>  |   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>New Bethlehem</u>   |                                      |
| 23d. LOCATION (City, town, or county)<br><u>ST. LOUIS CO</u>  |   | 23e. (State)<br><u>MO</u>  |                                      |
| 24. FUNERAL DIRECTOR<br><u>O'SULLIVAN-MUCKLE-KRON MORTUARY</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>MAR 4 1963</u>  |                                      |
| 26. REGISTRAR'S SIGNATURE<br><u>Paul Smith, M.D.</u>  |   |  |                                      |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr Mortensen <sup>30</sup>  
3701 Grand St. 12-54  
Je 34430

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.